

EMPLOYEE APPLICATION FOR WAIVER/AUTHORIZATION TO TAKE CLASSES

 SPRING

 SUMMER I

 SUMMER II

 FALL

 WINTER SESSION

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF HUMAN RESOURCES, ROOM 1-103, ADMINISTRATION BUILDING PRIOR TO REGISTERING FOR ANY UNIVERSITY COURSE. **YOU MAY ONLY TAKE ONE CLASS DURING YOUR REGULAR WORK SCHEDULE. Not to exceed three clock hours per week.** Courses must be **taken for credit.** Fees cannot be waived for audit classes.

Faculty and staff members who are **currently employed full-time**, and who have **completed two years of continuous full-time** employment by the first day of the semester in which enrollment is requested, are eligible for a fee waiver.

Are you eligible for a fee waiver? Yes No

EMPLOYEE

Employee's Name (PLEASE PRINT OR TYPE)	Employee's Social Security No.	E-mail
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Employee's Title/Classification	Dept Name	Work Phone #
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I certify that all statements made on this application are true and complete to the best of my knowledge.

Employee's Signature

COURSE REGISTRATION

Please give full name of course and credit hours, days and time course is scheduled. If you make a change, please submit a revised Fee Waiver Application.

Course Name	Credit Hours	Days	Time
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Course Name	Credit Hours	Days	Time
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REVISED WORK SCHEDULE (Does not apply to Faculty)

You must complete a revised work schedule showing how you will make up missed work time.

BUDGET UNIT/DEPARTMENT HEAD

I recommend the above-mentioned employee be permitted to schedule the above course(s) as requested. I certify that the employee is not taking more than one class during his/her work schedule and has met the requirements.

Date	Signature of Budget Unit/Department Head
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For Office of Human Resources Use Only

This employee has met the service requirements for the fee exemption requested. Faculty Staff

Date	Office of Human Resources Approving Agent
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Student Accounts

Code	Amount	Date Posted	Initials
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